

<p><b><u>FILING IN</u></b> (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> CITY OF _____</p> <p><input type="checkbox"/> COUNTY OF _____</p> <p><b><u>FILING AS</u></b> (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL      <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP      <input type="checkbox"/> LLP</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p>	<p><b><u>TYPE OF LICENSE OR PERMIT</u></b> (CHOOSE ONLY ONE)</p> <p>RETAIL LIQUOR LICENSE</p> <p><input type="checkbox"/> ON-PREMISE ONLY (BAR)</p> <p><input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE)</p> <p><input type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR &amp; PACKAGE STORE)</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> BAR AND GRILL</p> <p>LIMITED RETAIL (CLUB)</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> DISTILLERY SATELLITE</p> <p><input type="checkbox"/> WINERY SATELLITE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p><b><u>WHEN DO YOU OPERATE?</u></b></p> <p><input type="checkbox"/> NON-OPERATIONAL/PARKED</p> <p><input type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from _____ to _____</p> <p>DAYS OF WEEK (e.g. Mon through Sat)</p>
		<p>HOURS OF OPERATION (e.g. 10a - 2a)</p> <p>_____</p>

W.S.12-4-103(c)

**NOTE:** Please submit a copy of the lease with the application. W.S. 12-2-103(a)(iii) requires the lease be valid THROUGH the TERM OF THE LICENSE and MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.

4. Restaurant and Bar and Grill Liquor License Holders Only:

- (a) Gross sales figures and percentages of income derived from:  
W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
- (b) Did you attach a copy of your valid food service permit to this application.  
W.S.12-4-407(a), W.S.12-4-413(a)

(Line 1) Liquor Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
(Line 2) Food Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
(Line 3) Gross Sales: \$ \_\_\_\_\_ ( \_\_\_\_\_ %)  
☐ YES ☐ NO

5. Microbrewery License Holders Only:

- (a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term?  
W.S.12-1-101(a)(xix)
- (b) Do you self distribute your products? W.S. 12-2-201(a)  
(Requires additional licensing with the Liquor Division)
- (c) Do you distribute your own products through an existing malt beverage wholesaler?  
W.S. 12-2-201(g)(i) (Requires additional licensing with the Liquor Division)

☐ YES ☐ NO  
☐ YES ☐ NO  
☐ YES ☐ NO

6. Social Club License Holders Only:

- (a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended?  
W.S. 12-1-101(a)(ii)(E)

☐ YES ☐ NO

7. If the applicant is filing as an Individual or Partnership or as a Club:

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

8. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip	Residence Phone Number	No. of Years in Corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

OATH OR VERIFICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING)

COUNTY OF \_\_\_\_\_ SS. \_\_\_\_\_)

Before Me, \_\_\_\_\_, (specify)  
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for  
\_\_\_\_\_ County, State of Wyoming, personally appeared

\_\_\_\_\_ name he/she being first duly sworn

(Insert Names)  
by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Witness my hand and official seal:

(Notary Public or other officer authorized to administer oaths)

Title \_\_\_\_\_

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct.:		